

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/22/05 2 Serial/Patent # 107531815

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time			Ref. 7/25/2005	\$
<input type="checkbox"/> Notice of Appeal/Appeal			Ref. 7/25/2005	\$
<input type="checkbox"/> Petition			Ref. 7/25/2005	\$
<input type="checkbox"/> Issue			Ref. 7/25/2005	\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			Ref. 7/25/2005	\$
<input type="checkbox"/> Maintenance			Ref. 7/25/2005	\$
<input type="checkbox"/> Assignment			Ref. 7/25/2005	\$
<input type="checkbox"/> Other			Ref. 7/25/2005	\$

7 TOTAL AMOUNT OF REFUND \$100.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 --

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Fee Code Correction

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE: _____

SIGNATURE: BC

PHONE: 703 308-9140

ext 217

OFFICE: PCT/DO/EO

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

Adjustment date: 07/25/2005 BCAMPBEL
04/22/2005 LLANDGRA 00000031 10531815
02 FC:1632 -500.00 OP

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B